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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: MS Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.  
Dated: 04-09-04 Signature: *Margo Barbarash*  
(Margo Barbarash)

Docket No.: 34650-00608USPT  
(PATENT)

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APR 12 2004  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Nils Rydbeck

Application No.: 09/703494

Art Unit: 2675

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Filed: October 31, 2000

Examiner: D. Y. Chow

APR 13 2004

For: ELECTRONIC PEN WITH INK ON/INK OFF  
FUNCTION AND PAPER TOUCH SENSING

Technology Center 2600

AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated February 11, 2004 (Paper No. 17), finally rejecting claims 1-5, 8-20, and 22-25, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.



<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 34650-00608USPT
Application No. 09/703494	Filing Date October 31, 2000	Examiner D. Y. Chow	Art Unit 2675

Applicant(s): Nils Rydbeck

Invention: ELECTRONIC PEN WITH INK ON/INK OFF FUNCTION AND PAPER TOUCH SENSING

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

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**APR 13 2004**

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CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	24	- 24 =		x	0.00
Independent Claims	4	- 4 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>

- ☒ Large Entity ☐ Small Entity
- ☒ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 10-0447  
as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Ashley N. Moore  
Attorney Reg. No.: 51,667

Dated: 4/9/04

JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION  
1445 Ross Avenue, Suite 3200  
Dallas, Texas 75202  
(214) 855-4713

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Dated: 04-09-04 Signature: [Signature] (Margo Barbarash)